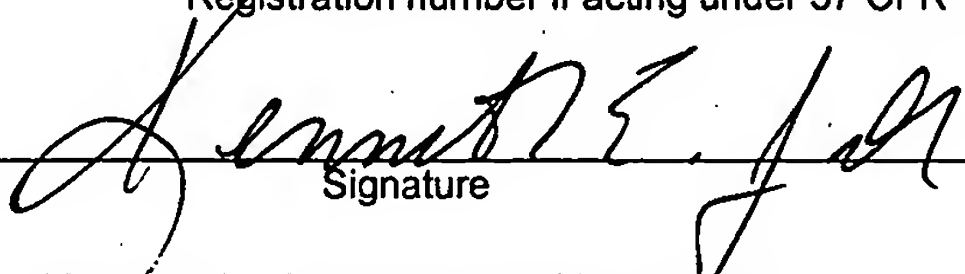


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |            | Docket Number (Optional) 020144-003100US |       |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
|---|------------|--|-------|--|------------|-------------------------|--|---|-------|------|-------|---|-------|-------|----|---|--------|-------|----|--|--------|-------|----|--|--------|--------|----|
| <b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            |  |       |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| Application Number 10/650,261   |            | Filed August 27, 2003                    |       |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| For FILM LAYER FOR DETECTION OF IMMOBILIZED ANALYTES  |            |  |       |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| Art Unit 1645   |            | Examiner Jana A. Hines                   |       |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th colspan="2"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ 60</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,846</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <div><div><br/>Signature<br/><u>Kenneth E. Jenkins, Reg. No. 51,846</u><br/>Typed or printed name</div><div><u>6/23/05</u><br/>Date<br/><u>858-350-6100</u><br/>Telephone Number</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |            |  |       |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 60 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                  |       |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                     | \$ 60 |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                                    | \$    |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                    | \$    |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                    | \$    |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                   | \$    |  |            |                         |  |   |       |      |       |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |